



ONLINE REGISTRATION ACCESS FORM – WEBTRAC

NAME (PRIMARY Head of Household): _____

Only the primary household member will be accepted.

Property Address _____

Email Address _____

Only one email per household

SIGNATURE _____

DATE _____

PHONE _____

STAFF INITIAL _____ DATE _____

Submit it to the signed form to support@mililantown.org or any business office listed below.

EMAIL Email a scanned pdf or use your phone and email us a picture of the completed form to support@mililantown.org

MAIL Mililani Town Association
95-303 Kaloapau Street
Mililani, Hawaii 96789
Attention: IT Department

FAX 808-623-3474

DROP OFF Recreation Center 3 or 7 Business Office